



DOCKET NO. D0188.70141US00

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TISSUE INFILTRABLE PROSTHETIC DEVICE INCORPORATING AN
ANTIMICROBIAL SUBSTANCE**

the specification of which:

☐ is attached hereto;

☒ was filed on October 17, 2003, as United States Application No. 10/688,209, bearing attorney docket No. D0188.70141US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

The undersigned hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, re-exam, and to conduct all business in the Patent and Trademark Office connected therewith:

☒ *Practitioners at Customer Number:*

23628


☒ *Direct all correspondence to the above-mentioned customer number*

Address all telephone calls to John R. Van Amsterdam, Ph.D. at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature:

Full name of first or joint inventor:
Citizenship:
Residence:
Post Office Address:



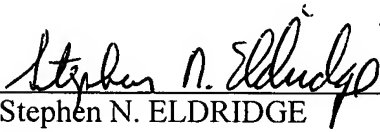
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